MAXIMUS Federal Services

Case Number:	CM14-0189846		
Date Assigned:	11/21/2014	Date of Injury:	01/21/1999
Decision Date:	02/09/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/13/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back and hip pain reportedly associated with an industrial injury of January 29, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; a total knee arthroplasty; a total hip arthroplasty; and a spinal cord stimulator implant. In a Utilization Review Report dated October 27, 2014, the claims administrator denied a CT myelogram. The applicant's attorney subsequently appealed.In an October 23, 2014 progress note, the applicant's pain management physician suggested that the applicant had heightened complaints of low back pain radiating to the legs. It was posited that the applicant's spinal cord stimulators might have migrated and resulted in some associated nerve root compression. The applicant was using supplemental oxygen, for issues with COPD, it was suggested. The applicant's medication list included Tenormin, Celebrex, Norco, Mevacor, Nifedipine, Terazosin, Tizanidine, and an unknown diuretic. The applicant apparently had plain film imaging of lumbar spine of July 7, 2014, apparently notable for severe arthritic changes of the same. Multi-view plain films of the lumbar spine and a CT myelogram were sought, to help ascertain the possible migration of spinal cord stimulator leads.In a November 10, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. The applicant's spinal cord stimulator was not providing adequate pain relief, it was stated. The requesting provider posited that the applicant was not a candidate for MRI imaging, owing to the fact that he had multiple indwelling prostheses about the hip and back associated with total joint arthroplasty of the same. CT myelography was sought to evaluate the integrity of the spinal cord stimulator lead placement versus new nerve root compression. The requesting provider again stated that the applicant's indwelling spinal cord stimulator and/or indwelling total hip arthroplasty hardware would prevent pursuit of MRI imaging.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

CT myelogram without contrast of the lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Myelography

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, myelography or CT myelography is "optional" for preoperative finding purposes as MRI imaging is unavailable. Here, the requesting provider has posited that MRI imaging is unavailable and/or contraindicated in this applicant with an indwelling spinal cord stimulator and indwelling total hip and total knee prostheses. The requesting provider has posited that the applicant has heightened radicular complaints suggestive of spinal cord stimulator lead migration versus a new compressive phenomenon involving the lumbar spine. Obtaining a CT myelography for potential preoperative finding purpose, thus, is indicated here. Therefore, the request is medically necessary.